

# Screeners and Opioid Assessment for Patients with Pain (SOAPP)<sup>®</sup> Version 1.0 - 14Q

The Screeners and Opioid Assessment for Patients with Pain (SOAPP)<sup>®</sup> Version 1.0 is a tool for clinicians to help determine how much monitoring a patient on long-term opioid therapy might require. Physicians remain reluctant to prescribe opioid medication because of concerns about addiction, misuse, and other aberrant medication-related behaviors, as well as liability and censure concerns. Despite recent findings suggesting that most patients are able to successfully remain on long-term opioid therapy without significant problems, physicians often express a lack of confidence in their ability to distinguish patients likely to have few problems on long-term opioid therapy from those requiring more monitoring.

SOAPP<sup>®</sup> version 1.0 is a quick and easy-to-use questionnaire designed to help providers evaluate the patients' relative risk for developing problems when placed on long-term opioid therapy. Version 1.0 -14Q is:

- A brief paper and pencil questionnaire
- Developed based on expert consensus regarding important concepts likely to predict which patients will require more or less monitoring on long-term opioid therapy (content and face valid)
- Preliminary reliability data (coefficient  $\alpha$ ) from 175 patients chronic pain patients
- Preliminary validity data from 100 patients (predictive validity)
- Simple scoring procedures
- 14 items
- 5 point scale
- <8 minutes to complete
- Ideal for documenting decisions about the level of monitoring planned for a particular patient or justifying referrals to specialty pain clinic.
- The SOAPP<sup>®</sup> is for clinician use only. The tool is not meant for commercial distribution.
- The SOAPP<sup>®</sup> is **NOT** a lie detector. Patients determined to misrepresent themselves will still do so. Other clinical information should be used with SOAPP<sup>®</sup> scores to decide on a particular patient's treatment.
- The SOAPP<sup>®</sup> is **NOT** intended for all patients. The SOAPP<sup>®</sup> should be completed by chronic pain patients being considered for opioid therapy.
- It is important to remember that all chronic pain patients deserve treatment of their pain. Providers who are not comfortable treating certain patients should refer those patients to a specialist.

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# SOAPP® Version 1.0-14Q

Name: \_\_\_\_\_ Date: \_\_\_\_\_

*The following are some questions given to all patients at the Pain Management Center who are on or being considered for opioids for their pain. Please answer each question as honestly as possible. This information is for our records and will remain confidential. Your answers alone will not determine your treatment. Thank you.*

Please answer the questions below using the following scale:

**0 = Never, 1 = Seldom, 2 = Sometimes, 3 = Often, 4 = Very Often**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. How often do you have mood swings?  | 0 | 1 | 2 | 3 | 4 |
| 2. How often do you smoke a cigarette within an hour after you wake up?  | 0 | 1 | 2 | 3 | 4 |
| 3. How often have any of your family members, including parents and grandparents, had a problem with alcohol or drugs? | 0 | 1 | 2 | 3 | 4 |
| 4. How often have any of your close friends had a problem with alcohol or drugs?                                       | 0 | 1 | 2 | 3 | 4 |
| 5. How often have others suggested that you have a drug or alcohol problem?  | 0 | 1 | 2 | 3 | 4 |
| 6. How often have you attended an AA or NA meeting?  | 0 | 1 | 2 | 3 | 4 |
| 7. How often have you taken medication other than the way that it was prescribed?                                      | 0 | 1 | 2 | 3 | 4 |
| 8. How often have you been treated for an alcohol or drug problem?   | 0 | 1 | 2 | 3 | 4 |
| 9. How often have your medications been lost or stolen?  | 0 | 1 | 2 | 3 | 4 |
| 10. How often have others expressed concern over your use of medication?   | 0 | 1 | 2 | 3 | 4 |

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- |   |   |   |   |   |   |
|---|---|---|---|---|---|
| 11. How often have you felt a craving for medication?   | 0 | 1 | 2 | 3 | 4 |
| 12. How often have you been asked to give a urine screen for substance abuse?                             | 0 | 1 | 2 | 3 | 4 |
| 13. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years? | 0 | 1 | 2 | 3 | 4 |
| 14. How often, in your lifetime, have you had legal problems or been arrested?                            | 0 | 1 | 2 | 3 | 4 |

*Please include any additional information you wish about the above answers. Thank you.*

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## Scoring Instructions for the SOAPP® Version 1.0-14Q

To score the SOAPP® V.1- 14Q, simply add the ratings of all the questions:

A score of 7 or higher is considered positive.

Sum of Questions	SOAPP® Indication
> or = 7	+
< 7	-

### *What does the Cutoff Score Mean?*

For any screening test, the results depend on what cutoff score is chosen. A score that is good at detecting patients at-risk will necessarily include a number of patients that are not really at risk. A score that is good at identifying those at low risk will, in turn, miss a number of patients at risk. A screening measure like the SOAPP® generally endeavors to minimize the chances of missing high-risk patients. This means that patients who are truly at low risk may still get a score above the cutoff. The table below presents several statistics that describe how effective the SOAPP® is at different cutoff values. These values suggest that the SOAPP® is a sensitive test. This confirms that the SOAPP® is better at identifying who is at high risk than identifying who is at low risk. Clinically, a score of 7 or higher will identify 91% of those who actually turn out to be at high risk. The Negative Predictive Values for a cutoff score of 7 is .90, which means that most people who have a negative SOAPP® are likely at low-risk. Finally, the Positive likelihood ratio suggests that a positive SOAPP® score (at a cutoff of 7) is nearly 3 times (2.94 times) as likely to come from someone who is actually at high risk (note that, of these statistics, the likelihood ratio is least affected by prevalence rates). All this implies that by using a cutoff score of 7 will ensure that the provider is least likely to miss someone who is really at high risk. However, one should remember that a low SOAPP® score suggests the patient is really at low-risk, while a high SOAPP® score will contain a larger percentage of false positives (about 30%), while at the same time retaining a large percentage of true positives. This could be improved, so that a positive score has a lower false positive rate, but only at the risk of missing more of those who actually do show aberrant behavior.

SOAPP® Cutoff Score	Sensitivity	Specificity	Positive Predictive Value	Negative Predictive Value	Positive Likelihood Ratio	Negative Likelihood Ratio
Score 7 or above	.91	.69	.71	.90	2.94	.13
Score 8 or above	.86	.73	.75	.86	3.19	.19
Score 9 or above	.77	.80	.77	.80	3.90	.28

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